

ID-15**STATE OF ALABAMA
DEPARTMENT OF INSURANCE****SL****Surplus Lines Brokers**

For the Period Ending _____

Broker No. _____

Surplus Lines Broker _____

Name of Brokerage Company _____

Address _____

E-Mail Address _____

	GROSS PREMIUM	RETURN PREMIUM	NET PREMIUM
			\$

Total Amount of Tax Due for this Report

\$ _____

Total No. of pages in this Report _____

Surplus Lines Broker

Sworn To and Subscribed Before Me

This _____ Day of _____, 20____

SEAL

_____**POSTAL SERVICE**
Alabama Department of Insurance
c/o Compass Bank
P.O. Box 830691
Birmingham, AL 35283-0691**COURIER OR EXPRESS SERVICE**
Alabama Department of Insurance
c/o Compass Bank
701 South 32nd Street
Birmingham, AL 35233